

**RESOLUTION NO. 2016-06**

**A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF CLEWISTON, FLORIDA, ADOPTING AMENDMENTS TO THE BUDGET FOR FISCAL YEAR 2015-2016; AND, PROVIDING FOR AN EFFECTIVE DATE.**

**WHEREAS**, the City of Clewiston, Florida, must adopt amendments to the budget for the fiscal year 2015-2016, and

**WHEREAS**, it is necessary that revenues and appropriations be made for said fiscal year as shown by the following budget amendment summarized here and attached and made a part hereof:

**Summary of Budget Amendments  
City of Clewiston  
Fiscal Year 2015-2016**

**General Fund 001**

**Amendment 12)      Loan from the Water Sewer Enterprise Fund, as approved by the Commission on July 18, 2016, to be utilized as funding for the capital project of redoing the greens at the municipal golf course.**

**\$125,000**

**Library Fund 120**

**Amendment 13)      State Aid to Libraries Grant 16-ST-18, Hendry County Library Cooperative, actual funding over estimated.**

**\$16,596**

**Amendment 14)      State Aid to Libraries Grant 16-ST-18, Hendry County Library Cooperative - Amendment 1, as approved by Commission June 20, 2016.**

**\$27.00**

**WHEREAS**, Section 166.241(2), Florida Statutes requires that appropriations for said fiscal year be made for all expenditures and that appropriations not exceed revenues; and

**WHEREAS**, Section 166.241(4)(c), Florida Statutes requires that the budget amendment must be adopted in the same manner as the original budget unless otherwise specified in the municipality's charter; and

**WHEREAS**, Section 166.241(5), Florida Statutes requires that "If the governing body of a municipality amends the budget pursuant to paragraph (4)©, the adopted amendment must be posted on the official website of the municipality within 5 days after adoption".

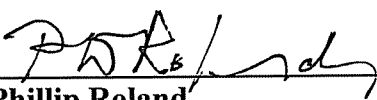
**NOW THEREFORE, BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF CLEWISTON, FLORIDA:**

**Section 1.** The amendments as summarized above and attached and made part hereof is hereby adopted for the Fiscal Year 2015-2016, effective October 1, 2015.


**Section 2.** This Resolution and the attached amendment is to be posted on the city's website Clewiston-fl.gov within five (5) days after adoption.

**PASSED** at the regular commission meeting on August 15, 2016.

**CITY OF CLEWISTON**

BY:   
**Phillip Roland**  
**Mayor**

**ATTEST:**

  
**Kathy Combass**  
**Interim City Clerk**

( CITY SEAL )

**Transfer Number:**

Comments: Loan from Water Sewer Enterprise Fund, as approved by Commission 7/18/16, for funding of the capital project of replacing the greens at the golf course.

Department Head Requesting Amendment

Date \_\_\_\_\_

**Finance Approval**

Date \_\_\_\_\_

**City Manager Approval**

Dale

Posted Finance

Date \_\_\_\_\_

**Transfer Number:**[illegible]

\*Use when Increasing or Decreasing Budget for entire Department. Increase / Decrease for budget amendments in whole dollars only!

16,596

**Comments:** State Aid to Libraries Grant no. 16-ST-18, Hendry County Library Cooperative, actual funding over estimated.

Department Head Requesting Amendment

Date \_\_\_\_\_

Finance Approval

Date \_\_\_\_\_

**City Manager Approval**

Date

Posted Finance

Date \_\_\_\_\_



**FLORIDA DEPARTMENT of STATE**

**RICK SCOTT**  
Governor

**RECEIVED**

**MAR 31 2016**

**FINANCE**

**KEN DETZNER**  
Secretary of State

March 25, 2016

Ms. Ava Barrett, Director  
Hendry County Library Cooperative  
120 West Osceola Avenue  
Clewiston, Florida 33440

Subject: Grant Payment – State Aid to Libraries  
Project: 16-ST-18, Hendry County Library Cooperative  
Payment Number: 1 of 1  
Payment Amount: \$178,825

Dear Ms. Barrett:

*Ava*

In accordance with the grant agreement between the Florida Department of State, Division of Library and Information Services and your organization, enclosed is a payment for the project noted above.

Please include the project identification number in any future correspondence with our office regarding this project. If you have questions or need assistance, please contact me at [marian.deeney@dos.myflorida.com](mailto:marian.deeney@dos.myflorida.com) or 850.245.6620.

Sincerely,

Marian Deeney  
Library Program Administrator

Enclosure

Division of Library and Information Services  
R.A. Gray Building • 500 South Bronough Street • Tallahassee, Florida 32399  
850.245.6600 • 850.245.6735 (Fax) [info.florida.gov](http://info.florida.gov)



Payment Information			
State Aid to Libraries Grant			
Date of Request: <del>2/12/2016</del> 3/16/16			
Type of Payment: Fixed cost			
Grant Recipient:		City of Clewiston Hendry County	
Project Number		16-ST-18	
Project Name:		State Aid to Libraries Grant	
ID:		L1534	
Award:		\$178,825	
This Payment (No. 1):		\$178,825	
Prior Payment 1:		Date:	
Prior Payment 2:		Date:	
Prior Payment 3:		Date:	
Prior Payment 4:		Date:	
Balance:		0	
SAMAS INFORMATION			
Fund:	000132	Category:	050792
Encumbrance:		Invoice:	L1534
FEID / SAMAS:	F596000291012		
Organization	45400130000	EO:	1D
Object:	751001	CFI:	
Amount:	\$178,825	Description:	Payment #1
I certify that the above information is true and correct and that all costs for which reimbursement is requested herein were incurred in accordance with the above referenced Florida Department of State Grant Agreement.			
Signature:			

03/21/16

RECEIVED  
2016 MAR 18 AM 9:06  
BUREAU OF  
PLANNING, BUDGET AND  
FINANCIAL SERVICES

2016 FEB 15 AM 9:26

STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
REMITTANCE ADVICE

FLAIR ACCOUNT CODE	OLD	SITE	DOCUMENT NUMBER	OBJECT	DATE	PAYMENT NO
45-101000132-45400100-00-05079200	450000	00	D6000469399	7510	03/23/16	0896756

PAYMENT AMOUNT  
\$ 178,825.00

AGENCY DOCUMENT NO  
V003321

CITY OF CLEWISTON  
141 CENTRAL AVE  
CLEWISTON FL 33440

PLEASE DIRECT QUESTIONS TO: (850) 245-6579, DEPARTMENT OF STATE

VENDORS NOW CAN VIEW PAYMENT INFORMATION AT [HTTP://FLAIR.DBF.STATE.FL.US](http://FLAIR.DBF.STATE.FL.US)

INVOICE NUMBER	AMOUNT
1L1534	\$ 178,825.00

DETACH CAREFULLY AND RETAIN FOR YOUR RECORDS BEFORE CASHING OR DEPOSITING THE WARRANT

IF THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND, THE CAPITOL BUILDING MUST APPEAR BELOW TO BE AUTHENTIC.



FLAIR ACCOUNT CODE	SWDN	ADN	OBJECT	DATE	WARRANT NO	84-975
45-101000132-45400100-00-05079200	D5000469399	V003321	7510	03/23/16	64-0896756-0	672
OLD 450000	SITE 00	CONTACT (850) 245-6579 FOR PAYMENT QUESTIONS			VOID AFTER 12 MONTHS	

PAY

STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES

4-24 078 268  
AMOUNT

ONE-HUNDRED-SEVENTY-EIGHT-THOUSAND-EIGHT-HUNDRED-TWENTY-FIVE & 00/100 DOLLARS

\*\*\*178,825.00

EXPENSE WARRANT

TO THE  
ORDER OF

CITY OF CLEWISTON  
141 CENTRAL AVE  
CLEWISTON FL 33440

TREASURY

⑈6408967560⑈ ⑆061209756⑆2079

**Transfer Number:**[illegible]

\*Use when Increasing or Decreasing Budget for entire Department. Increase / Decrease for budget amendments in whole dollars only!

27

Comments: State Aid to Libraries Grant no. 16-ST-18, Hendry County Library Cooperative - Amendment 1 representing additional funds available for the current funding period.

Department Head Requesting Amendment

Date \_\_\_\_\_

**Finance Approval**

Date \_\_\_\_\_

**City Manager Approval**

Date \_\_\_\_\_

Posted Finance

Date \_\_\_\_\_





## FLORIDA DEPARTMENT of STATE

**RICK SCOTT**  
Governor

**KEN DETZNER**  
Secretary of State

July 25, 2016

Ms. Ava Barrett, Director  
Hendry County Library Cooperative  
120 West Osceola Avenue  
Clewiston, Florida 33440

Subject: Grant Payment – State Aid to Libraries  
Project: 16-ST-18  
Payment Number: 2 of 2  
Payment Amount: \$27

Dear Ms. Barrett: *Ava*

In accordance with the grant agreement between the Florida Department of State, Division of Library and Information Services and your organization, enclosed is a payment for the project noted above.

Please include the project identification number in any future correspondence with our office regarding this project. If you have questions or need assistance, please contact me at [marian.deeney@dos.myflorida.com](mailto:marian.deeney@dos.myflorida.com) or 850.245.6620.

Sincerely,

A handwritten signature in black ink that reads "Marian Deeney". The signature is fluid and cursive, with the first name "Marian" and last name "Deeney" clearly visible.

Marian Deeney  
Library Program Administrator

Enclosure

Division of Library and Information Services  
R.A. Gray Building • 500 South Bronough Street • Tallahassee, Florida 32399  
850.245.6600 • 850.245.6735 (Fax) [info.florida.gov](http://info.florida.gov)



DEPARTMENT OF STATE  
DIVISION OF LIBRARY AND INFORMATION SERVICES  
Invoice

**PAYEE NAME & ADDRESS:**

Hendry County Library Cooperative  
City of Clewiston  
120 West Osceola Avenue  
Clewiston, FL 33440

Total Contract Amount \$178,852

Prior Payments \$178,825

**THIS PAYMENT** \$27

Balance Remaining \$0

RECEIVED  
2016 JUL 13 PM 3:16  
BUREAU OF  
PLANNING, BUDGET AND  
FINANCIAL SERVICES

**Contract #16-ST-18**

Fund ID: 000132		Category: 050792	
Enc. #: EL1534		Pay. #: 2	
Vendor ID: F596000291 012		Inv. #: 2L1534 Date:	
ORG	EO	OBJ.CODE	AMOUNT
45400130000	1D	751001	\$27
GAA Line #:		<input type="checkbox"/> This is an advance payment (check for yes)	
Date Inv. Rc'd:			
Program Manager Approval: <i>[Signature]</i>		Date: 7-13-16	

ENTERED

JUL 14 2016

Initial: *[Signature]*

STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
REMITTANCE ADVICE

FLAIR ACCOUNT CODE	OLO	SITE	DOCUMENT NUMBER	OBJECT	DATE	PAYMENT NC
45-101000132-45400100-00-05079200	450000	00	D7000014170	7510	07/21/16	0046964

PAYMENT AMOUNT  
\$ 27.00

AGENCY DOCUMENT NO  
V000103

CITY OF CLEWISTON  
141 CENTRAL AVE  
CLEWISTON FL 33440

PLEASE DIRECT QUESTIONS TO: (850) 245-6579, DEPARTMENT OF STATE

VENDORS NOW CAN VIEW PAYMENT INFORMATION AT [HTTP://FLAIR.DBF.STATE.FL.US](http://FLAIR.DBF.STATE.FL.US)

INVOICE NUMBER	AMOUNT
2L1534	\$ 27.00

DB

120-101100

120-334710

DETACH CAREFULLY AND RETAIN FOR YOUR RECORDS BEFORE CASHING OR DEPOSITING THE WARRANT

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND. A CAPTIVE BUILDING MUST APPEAR BELOW THE AUTHENTICITY



FLAIR ACCOUNT CODE SWDN ADM OBJECT DATE WARRANT NO 64-875  
45-101000132-45400100-00-05079200 D7000014170 V000103 7510 07/21/16 74-0046964-0 612  
OLO 450000 SITE 00 CONTACT (850) 245-6579 FOR PAYMENT QUESTIONS VOID AFTER 12 MONTHS

STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES

4-24 654 908  
AMOUNT

PAY  
TWENTY-SEVEN & 00/100 DOLLARS

\*\*\*\*\*27.00

TO THE  
ORDER OF

CITY OF CLEWISTON  
141 CENTRAL AVE  
CLEWISTON FL 33440

EXPENSE WARRANT

DIVISION OF TREASURY  
TALLAHASSEE

VOID  
VOID

7400469640 0612097